



Contract Provider / Volunteer Confirmation of Receipt
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities
- ❖ Defining inappropriate behaviors related to sexual abuse and misconduct
- ❖ Recognizing signs and symptoms of potential sexual abuse and assault in juveniles under their care
- ❖ Recognizing red flags for sexual misconduct
- ❖ Reporting procedures and legal implications of sexual abuse and misconduct of youth in custody

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA I will seek guidance from my supervisor.

Contract Provider / Volunteer Signature

Date

Contract Provider / Volunteer (printed)

Training ID/Personnel Number

Location

C: Contract Provider / Volunteer File